FILED OCT	4 1950	THE DIVISION OF HE STANDARD CERTIF		State File No	31249
BIRTH MO		REG. DIST. NO. 267	PRIMARY REG. DIST. NO.	5906 Registrar's No	112
I. PLACE OF DE	Pemisco	ot .	2. USUAL RESIDENCE a. STATE Missour	(Where deceased lived. If in b. COUNTY P	emiscou
b. CITY (II outside corporate limits, write RURAL and give OR TOWN Rural Wardell township) STAY (In this place) Life			c. CITY (If outside corporate limits, write BURAL and give township) 0780 TOWN Rural Wardell		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rural Route 1				ral Route 1	U
NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last) Cowlev	4. DATE (Month) OF DEATH Sept.	(Day) (Year) 20, 1950
Male 2	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 3, 1927	9. AGE (In years of Unner last birthday) Months	T YEAR IF UNDER 24 HEA.
On. USUAL OCCUPATION do the during most of work Farm Labo	ON (Give kind of work ing life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or forely		12. CITIZEN OF WHAT COUNTRY?
3a. FATHER'S NAME Aaron Cow	_	Dora Pillov	NAME 14.	NAME OF HUSBAND OR WIT	
NO DECEASED EV	ER IN U.S. ARMED FO I you, pive war or dates o X	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT'S SIG Aaron Cowley	GNATURE OR NAME	ADDRESS
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CO DIRECTLY LEADIN	NDITION)	ertification reulosis of	lungs	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean he mode of dying, such as heart fallure, authenia,	ANTECEDENT CAL Morbid conditions, rise to the above car	if any, aising DUE TO (b)	(,	hupp report)	
ic. It means the dis- ase, injury, or complica- ion which caused death.	ithe underlying caus	DUE TO (c) ICANT CONDITIONS	<u>, , , , , , , , , , , , , , , , , , , </u>		4
9a. DATE OF OPERA-		sting to the death but not e or condition causing death. INGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·	<u> </u>	20. AUTOPSY7
TION 1a. ACCIDENT SUICIDE	(Specify) 21	1b, PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR TOWNS	HIP) (COUNTY)	YES NO V
HOMICIDE 1d. TIME (Month)		come, farm, factory, street, office bidg.,,esc.) Iour) 21e. INJURY OCCURRED WHILE AT NOT WHILE	21f. HOW DID INJURY OCCUP	??	
		e deceased from		, 19, that I la	st saw the deceased
altive on	a Dak	_, and that death occurred at _ (Degree or title) COTONET	2 P.m., from the cause 23b. ADDRESS Vardell	ses and on the date state	23c. DATE SIGNED 9-20-50
MA BURIAL CREMA ON REMOVAL (Bank) BUTIAL	<u> </u>	O Jardell		ardell, No.	1. 1. 1. 1. 1.
DATE RECO BY LOCAL BEGISTRAG'S SIGNATURE 406 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS . G-29-50 REG. Jimmy Osburn Funeral Home ardell !!o.					
(Licensed Embalmer's Statement on Reverse Side)					

10-50-264

2 REC'D

S. B. Beecher, M. D., Pelliscot County Health Department, Caruthersville. Missouri 400

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...

working under my personal supervision.

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.